

has been a shift from invasive procedures to drug therapy, in effect.

If I could ask the gentleman a question, does the gentleman know whether there has been a study as to how much the use of drugs and medicines is saving the Medicare program?

Mr. ALLEN. Mr. Speaker, I would tell the gentlewoman that I am not familiar with the study, but it has to be saving substantial amounts. Spending on prescription drugs is going up 15 percent a year, and we all know that the number of hospital beds in use is going down, at the very time that seniors are living longer. So there have to be substantial savings here, but I am not aware of a study that would quantify that.

Ms. NORTON. I raise the question for the gentleman only because this much seems clear: We are forcing down costs in the Medicare program. Nothing is forcing down the costs of drugs. So I would wager that there are billions of dollars being saved by the Medicare program by not having to pay for drugs.

What I am suggesting is that precisely because they are saving that money, that the Medicare program ought to allow some of those costs to shift to the program itself.

After all, that program is willing to pay for the most costly procedures if prescribed by a physician, but it is not willing to pay for procedures under the direction of a pharmacist. This is absolutely irrational. The cost is greatly out of proportion and is quite outrageous. We will pay for institutional care by allowing a senior to spend down her resources until she gets nursing home care paid for entirely by Medicaid, but we will not pay for a drug benefit that will keep her out of a nursing home altogether.

Seniors cannot possibly take this much longer. I cannot believe that the seniors who have saved colas and social security will not force prescription drugs into their Medicare. If we are going to change how we treat people from invasive procedures and save the taxpayer money, then it seems to me we have a moral obligation to shift some of that savings to seniors who are on limited incomes and cannot possibly continue to shoulder the burden they are shouldering now.

In the report done for my own district, we found that my seniors were paying 137 percent more than preferred customers. An example, and that is six times, by the way, more than they pay for other consumer goods, an example was Synthroid, a thyroid hormone drug where the drug to the preferred customer is \$1.75 a dose, and \$31.43 a dose to the senior.

The gentleman's bill, minimally, must be passed, and it must move us on to making prescription drugs a benefit of Medicare.

Mr. ALLEN. Mr. Speaker, I thank the gentlewoman, and I will return

again on another occasion to the gentlewoman from Texas (Ms. JACKSON-LEE).

I want to thank all Members who have been here tonight.

Mr. FROST. Mr. Speaker, I rise today in support of the Prescription Drug Fairness for Seniors Act. This issue is one of great concern to a number of my constituents who are Medicare beneficiaries who use one third of all prescription drugs in the United States.

On average, seniors pay nearly twice as much as the drug companies' favored customers, such as the federal government and large HMOs and 37% of our nation's seniors do not have prescription drug coverage. In my district in Texas alone, many seniors are forced to pay up to 109% or more for the most commonly used prescription drugs. It is time to show our nation's seniors that their health is more important than drug company profits.

I have had a great number of constituents contact me personally to share their concerns for those seniors that are literally having to choose between buying food and buying their prescriptions. An even greater number of individuals endanger their lives every day by not taking the required dosage or only filling some of their prescription medications since they can not afford to meet all of their medical needs.

It is high time that the U.S. Congress address the issue of a Medicare benefit for prescription drugs. How much longer are we going to allow the pharmaceutical industry, which is currently enjoying record profits, to dictate the health care choices of our senior citizens?

I support H.R. 664, the Prescription Drug Fairness for Seniors Act because it allows pharmacies to purchase drugs for Medicare beneficiaries at the best price charged to the federal government though programs such as the VA or Medicaid. This legislation would reduce prescription drug prices for seniors by more than 40%, and without imposing price controls, but putting an end to price discrimination.

It is time to show our nation's seniors that their health is more important than drug company profits.

GENERAL LEAVE

Mr. ALLEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order today.

The SPEAKER pro tempore (Mr. SESSIONS). Is there objection to the request of the gentleman from Maine?

There was no objection.

TRIBUTE TO DR. LOIS MOORE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

EXPRESSING SUPPORT FOR H.R. 664, LEGISLATION PROVIDING FOR DISCOUNTS ON PRESCRIPTION DRUGS TO SENIOR CITIZENS

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentleman from

Maine (Mr. ALLEN) for his kindness in reaching out to me for time.

I am going to take just a moment, Mr. Speaker, before I begin a tribute to Dr. Lois Moore, because it is absolutely appropriate to acknowledge my support for H.R. 664, the legislation that deals with a discount of prescription drugs for senior citizens.

It is interesting that we find it difficult to get such legislation to the floor of the House. I am very pleased that I am engaging in a study in my district with pharmacies, and I was very glad to hear the gentleman from Maine (Mr. ALLEN) say that this is not an issue dealing with pharmacies. In fact, it is with our large pharmaceutical companies.

In fact, there will be processes under H.R. 664 where the burden would not be heavily on the pharmacies, but it is important that just like they give big discounts to hospitals and HMOs, that they give discounts on prescription drugs as well to our senior citizens.

When I traveled in my district and visited five senior citizen sites, every one of them said, I have to choose between eating, paying light bills, heat bills, and getting my prescription drugs, as we well know, hearing from my mother that there is an enormous amount of prescription drugs, because we are living longer, that many seniors have to take.

It keeps them healthy. It keeps them happy. It keeps them able to do the things that they would like to do. Why should we penalize them? I hope that we can move H.R. 664 to the floor very quickly.

Mr. Speaker, let me acknowledge the purpose of my special order this evening is a tribute to Dr. Lois Moore, a selfless leader in our community who has served the Harris County Hospital District, and we will be losing her expertise.

She is known in our community in Harris County, in Houston, Texas, as one of its greatest leaders in the health care community. Her leadership, expertise, commitment, and presence will be truly missed at the hospital district. However, we know that she will continue on to service.

Under her leadership as the President and Chief Executive Officer of the Harris County Hospital District, the hospital district was named among the top 100 hospitals in the United States in 1994 and again in 1995 by Modern Health Care Magazine.

After graduation from Prairie View A&M School of Nursing 35 years ago, Moore began her public health care service in the Jefferson Davis Hospital emergency room. She soon became the emergency center charge nurse.

Through the 1960s and 1970s she moved from evening shift nursing supervisor to assistant director of nursing at Ben Taub hospital. In 1977 she was named administrator at Jefferson